Military Injury Reporting Requirements

- The Big Picture
- Safety's Most Important Job
- It Starts With You
- On-Duty or Off-Duty
- First Aid or Medical Treatment
- Accident Classification
- AGAR Form
- ReportIt!
- Civilian Injury Reporting
- Overview

Installation Safety Office

http://www.lee.army.mil/safety/safety.office.aspx

Lorraine.Brewster@us.army.mil

THE BIG PICTURE

Accident Prevention

Army Regulation 385–10

Safety

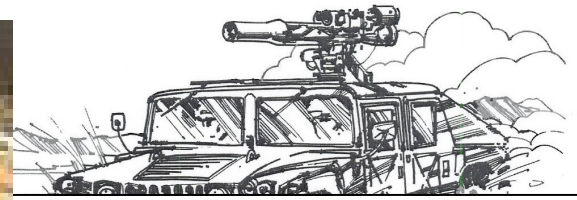
The Army Safety Program

AGAR

Abbreviated Ground Accident Report

Use and Preparation Guide

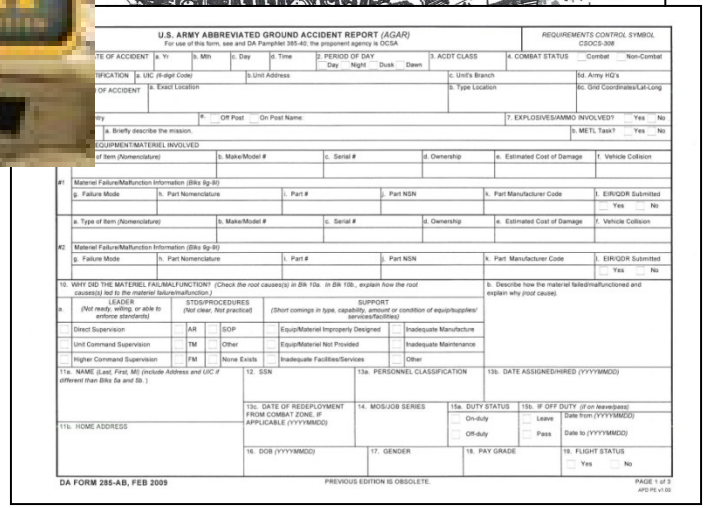
APRIL 2009



Department of the Army Pamphlet 385–40

Safety

Army Accident Investigations and Reporting

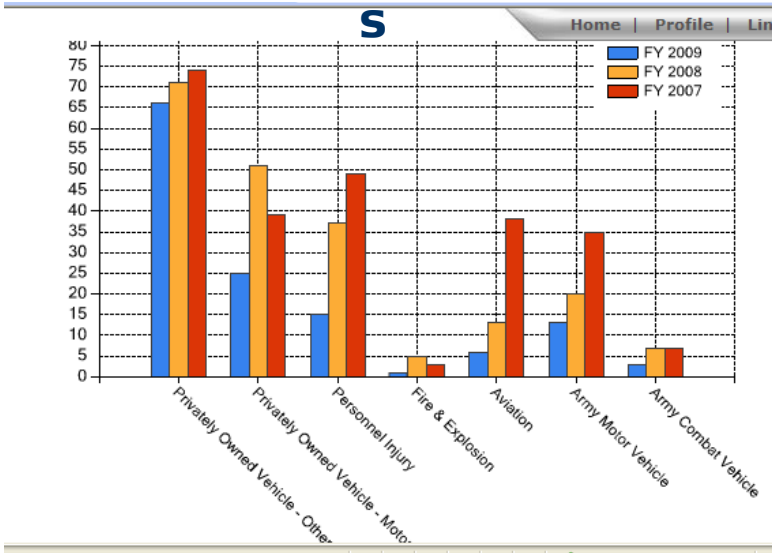

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)

DA FORM 285-AB, FEB 2009

Combat Readiness/Safety Center
https://safety.army.mil/

Trend Analysis

Trend



Contributing Factors

Hazard
Excessive Speed
Failed To Stay Alert Or Attentive To What Was Happening
Failed To Use Required Safety Equipment/Device/Guard/Sign
Abrupt Control/Steering Response (Except While Turning)
Failed To Take Appro Precautions For Adverse Enviro Conditions
Improper Braking
Misjudged Clearance (Improperly Estimated/Evaluated)
Improper Use Of Equipment
Failed To Ensure Adequate Clearance/Space For Operation
Improper Turning

Safety Awareness & Accident Prevention

Awareness Materials
Media and Tools

POV & MOTORCYCLE SAFETY

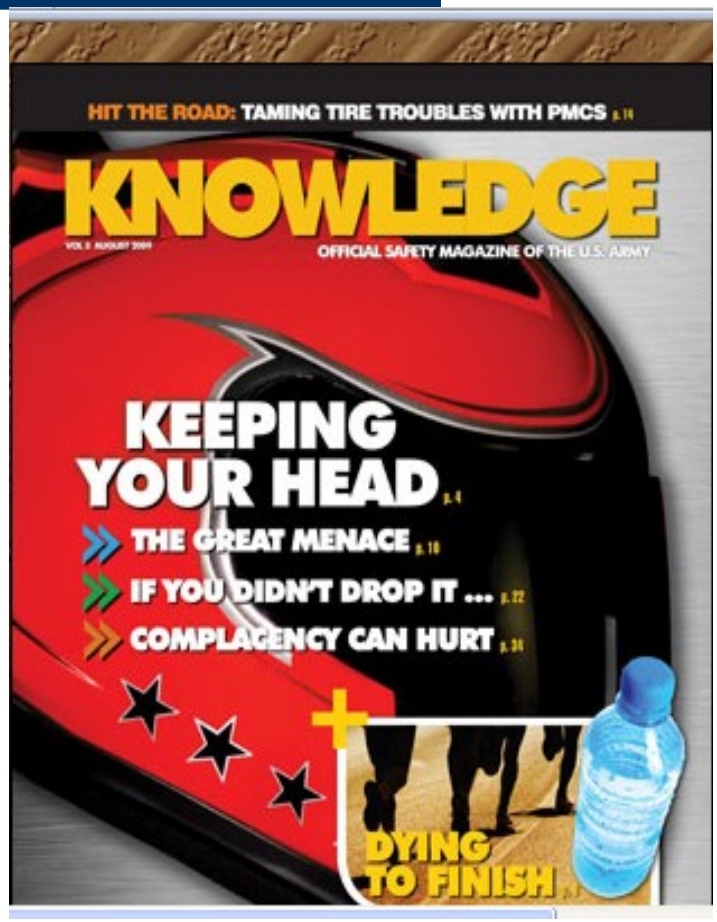
The Driving Task Force conducts trend analysis, disseminates information, and develops tools and programs focused on privately owned vehicles, motorcycles, and recreational vehicle accidents, the leading cause of accidental deaths for Soldiers.

- **Personally Owned Vehicles (POV)** -
  - Brochures -
    Find brochures that are specifically for your POV.
  - Posters -
    Find posters that are specifically for your POV.
  - Videos -
    Find videos that are specifically for your POV.

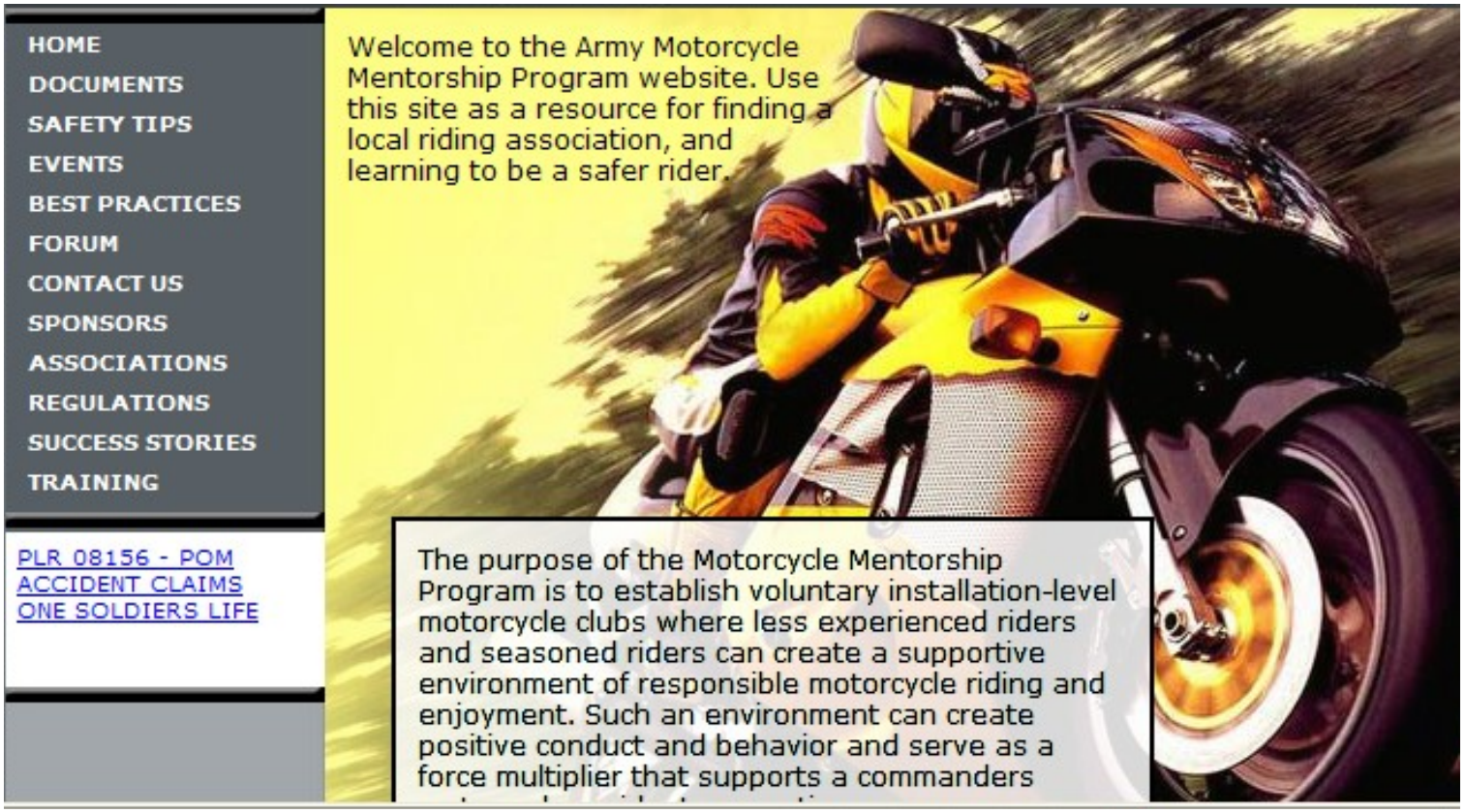
TOOLS

This section contains access to the POV Toolbox, TRiPS, Pre-Trip Checklist, and Six Point Program.

- Veteran's Safe Driving Initiative
- Travel Risk Planning System - TRiPS
- POV Toolbox
- Driving / POV Pre-Trip Checklist & Inspection
- Driver's Training Toolbox
- Six Point Program


HIT THE ROAD: TAMING TIRE TROUBLES WITH PMCS
KNOWLEDGE
OFFICIAL SAFETY MAGAZINE OF THE U.S. ARMY
KEEPING YOUR HEAD
THE GREAT MENACE
IF YOU DIDN'T DROP IT ...
COMPLACENCY CAN HURT
DYING TO FINISH

Awareness Programs


HOME
DOCUMENTS
SAFETY TIPS
EVENTS
BEST PRACTICES
FORUM
CONTACT US
SPONSORS
ASSOCIATIONS
REGULATIONS
SUCCESS STORIES
TRAINING
PLR 08156 - POM
ACCIDENT CLAIMS
ONE SOLDIERS LIFE
Welcome to the Army Motorcycle Mentorship Program website. Use this site as a resource for finding a local riding association, and learning to be a safer rider.
The purpose of the Motorcycle Mentorship Program is to establish voluntary installation-level motorcycle clubs where less experienced riders and seasoned riders can create a supportive environment of responsible motorcycle riding and enjoyment. Such an environment can create positive conduct and behavior and serve as a force multiplier that supports a commanders

Root Cause and Countermeasures

Human Error

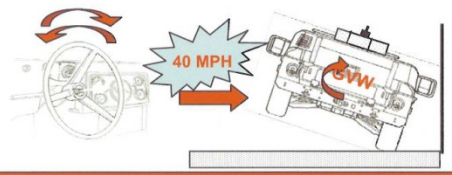
SMART CARD/GTA

WARNING: At Gross Vehicle Weight (GVW) rapid steering action at speeds as low as 40 MPH increases your likelihood of a Roll-over (GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew with basic gear where applicable). Road conditions such as sand, debris, gravel or rain will further reduce stability.

CONTRIBUTING FACTORS TO ROLL-OVER
*** Cargo placed high in vehicle *** Drivers Inexperience/Lack of Training ***
*** Overloading *** Road Conditions ***

ACTIONS TO REDUCE POTENTIAL ROLL-OVER
*** Conduct Driver's Training *** Stay Within Recommended Payloads ***
*** Place and Secure Cargo as low as possible in the vehicle ***
*** Reduce Speed when Anticipating a Rapid Maneuver ***
*** Maintain Tire Pressures of 40 psi front / 50 psi rear ***
*** Maintain Tire Pressures of 50 psi front / 50 psi rear with Frag Kit 5 Applied ***
*** Check Tire Pressures when Tires are Cold (have not been driven on for at least 3 hours) ***

** GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew (where applicable) with basic gear = 12,100 .lbs., Addition of Frag Kit 5 exceeds GVW by at least 1000 lbs.**



Stopping Distance at 60 MPH

GVW	13 Vehicle Lengths
GVW+2000 lbs.	15 Vehicle Lengths

WARNING: At 60 MPH on smooth dry pavement an overloaded M1114/M1151A1/M1152A1/M1165A1 has a braking distance of 15 vehicle lengths, compared to 13 vehicle lengths at GVW. Increased overload and/or road conditions such as sand, debris, gravel or rain will further increase stopping distances significantly.

CAUTION: Commanders must assess risk when vehicles are overloaded, or cargo is placed high in the vehicle, or traveling at speeds in excess of 40 mph. Rated GVW is 12,100 pounds.

Materiel Malfunction

Safety Bulletin

MRAP Gunners Hatch Safety
OIF SB-028

Recently an MND-B Soldier was injured while performing duties as a gunner in an International model MRAP when the latching hardware securing the gunners hatch failed.

A snap ring on the pin the locking handle latches to came off (Photo B), which caused the pin to fall out. A spring then popped off the latch handle and due to vehicle momentum on a decline, the armored hatch slid forward and struck the Soldier in the legs. He suffered painful crushing injuries to both legs that resulted in two days lost time (quarters) and seven days of restricted duty.

A Product Quality Deficiency Report has been filed and the TACOM Logistics Area Representative has been informed of the problem. Until a fix is fielded, all MRAP crews should incorporate the following checks into "before" and "after" vehicle Preventive Maintenance Checks & Services to help prevent another gunner's hatch accident of this type.

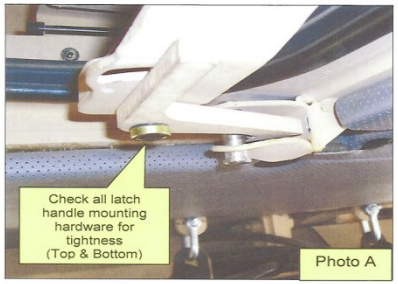


Photo A

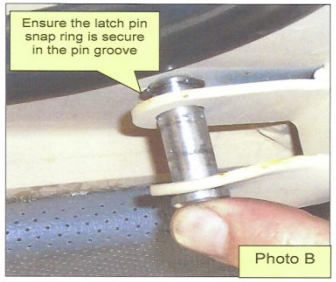
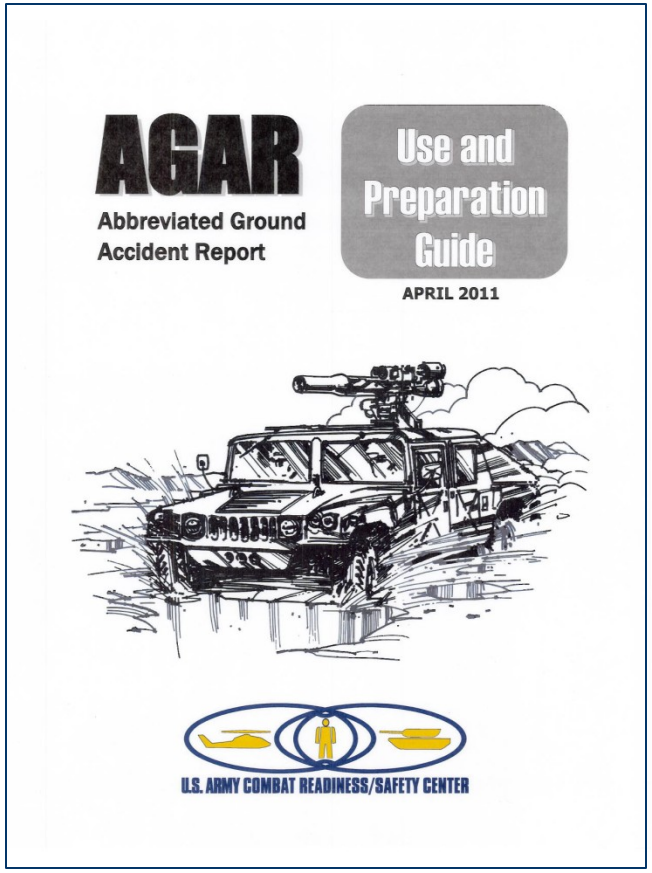
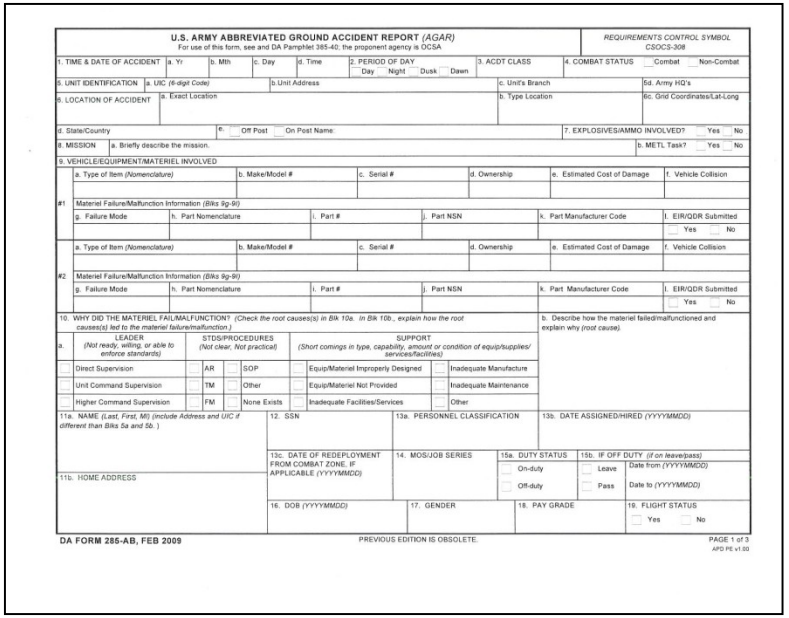


Photo B

It Starts with You





U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)
For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT | a. Yr | b. Mth | c. Day | d. Time | 2. PERIOD OF DAY ☐ Day ☐ Night ☐ Dusk ☐ Dawn | 3. ACDT CLASS | 4. COMBAT STATUS ☐ Combat ☐ Non-Combat

5. UNIT IDENTIFICATION | a. UIC (6-digit Code) | b.Unit Address | c. Unit's Branch | 5d. Army HQ's

6. LOCATION OF ACCIDENT | a. Exact Location | b. Type Location | 6c. Grid Coordinates/Lat-Long

d. State/Country | e. ☐ Off Post ☐ On Post Name: | 7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☐ No

8. MISSION | a. Briefly describe the mission. | b. METL Task? ☐ Yes ☐ No

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item (Nomenclature)	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1	Materiel Failure/Malfunction Information (Blks 9g-9l)					
	g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted ☐ Yes ☐ No
#2	a. Type of Item (Nomenclature)	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
	Materiel Failure/Malfunction Information (Blks 9g-9l)					
	g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted ☐ Yes ☐ No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)

b. Describe how the materiel failed/malfunctioned and explain why (root cause).

a.	LEADER (Not ready, willing, or able to enforce standards)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Short comings in type, capability, amount or condition of equip/supplies/ services/facilities)	
☐	Direct Supervision	☐ AR	☐ SOP	☐	Equip/Materiel Improperly Designed	☐ Inadequate Manufacture
☐	Unit Command Supervision	☐ TM	☐ Other	☐	Equip/Materiel Not Provided	☐ Inadequate Maintenance
☐	Higher Command Supervision	☐ FM	☐ None Exists	☐	Inadequate Facilities/Services	☐ Other

11a. NAME (Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.) | 12. SSN | 13a. PERSONNEL CLASSIFICATION | 13b. DATE ASSIGNED/HIRED (YYYYMMDD)

11b. HOME ADDRESS | 13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD) | 14. MOS/JOB SERIES | 15a. DUTY STATUS ☐ On-duty ☐ Off-duty | 15b. IF OFF DUTY (if on leave/pass) ☐ Leave ☐ Pass Date from (YYYYMMDD) Date to (YYYYMMDD)

16. DOB (YYYYMMDD) | 17. GENDER | 18. PAY GRADE | 19. FLIGHT STATUS ☐ Yes ☐ No

DA FORM 285-AB, FEB 2009 | PREVIOUS EDITION IS OBSOLETE. | PAGE 1 of 3
APD PE v1.00

Safety's Most Important Job

- Accident Prevention
  - Determine Root Causes
  - Learn from the mistake
  - Develop Countermeasures
  - Data collection to determine Trends
  - Training
  - Education
  - Tools
  - Alerts

Accident Classification

- Class A
  - Cost of damages is $2M or more
  - Injury/illness results in a fatality or permanent total disability
- Class B
  - Cost of damages is >$500K but <$2M
  - Injury/illness results in permanent partial disability
  - 3 or more personnel are inpatient hospitalized due to same incident
- Class C
  - Cost of damages is >$50K but <$500K
  - Non-fatal injury/illness results in time from work or training beyond day of incident

Accident Classification

- Class D
  - **Cost of damages is >$2K but <$50K**
  - **Injury/illness results in:**
    - **restricted work or training activity (profile)**
    - **Transfer to another job**
    - **Loss of consciousness for any length of time**
    - **Administration of O_2, IVs, prescription medication, or physical therapy**
    - **Potential contamination by another person's blood or potentially infections materials**
    - Medical treatment beyond first aid

Medical treatment beyond first aid?

First Aid

Minor Treatment Anyone Can Provide

- Non- Prescription Medication
- Cleaning of surface wounds
- Bandages
- Hot or cold therapy
- Elastic bandages
- Drinking fluids for heat stress
- Diagnostics (x-rays, blood work)
- Hospitalization for observation

Medical Treatment

Only Medical Professionals Can Provide

- Prescription Medication
- Debrisment
- Sutures, surgical glue
- Physical Therapy
- Splints or casts
- Intravenous fluids
- Oxygen
- Hospitalization for treatment

Did incident happen on-duty or off-duty?

- On-Duty
  - Physically present at any location where work is performed
  - Activities incident to normal work activities such as lunch or rest breaks.
  - Transported for purpose of performing assigned work
  - Reimbursable travel in POV for TDY
  - Compulsory physical training or sports
- Off-Duty
  - Home or on leave
  - Traveling before and after official duties (to/from official duty or TDY station)
  - Voluntary installation team sports
  - TDY at no cost to government
  - Lunch or rest break engaged in activities unrelated to eating or resting

All injuries are reported to the Safety Office, but CRC is notified if the injury is recordable. (Same as OSHA criteria for civilians)

- Report all injuries to Safety Office within 14 calendar days.
- Recordable on-duty injury or illness
  - Death or Permanent Disability
  - Days away from work (a trainee is not training)
  - Restricted work, profiles, or transfer to another job
  - Loss of consciousness for any length of time
  - Significant injury or illness diagnosed by a licensed health care professional.
  - Aggravation of injuries or illness sustained prior to military service by current tenure of service.
  - Medical treatment beyond first aid
- Recordable off-duty injury or illness that affects duty status.
  - Death or Permanent Disability
  - Days away from work (a trainee is not training)
  - Restricted work, profile, or transfer to another job
  - Medical treatment beyond first aid

Reporting Criteria Review

- **Report Class A and B accidents immediately to Safety Office or IOC**
- **Report Class C and D accidents to Safety Office within 14 calendar days** using **DA Form 285-AB (AGAR)** – Pure Edge
- Report all **equipment damage** that is or exceeds **$2K**.
- **Report all On-Duty accidents**
- **Report all Off-Duty accidents which affect duty status:**
  - **Death or Disability**
  - **Lost Time**
  - **Restricted Duty (Profile)**
- **Medical treatment beyond First Aid**
- **Potential contamination by another person's blood or potentially infections materials**
- **Loss of consciousness for any length of time**

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*

For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-306

1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY	3. ACDT CLASS	4. COMBAT STATUS
1					☐ Day ☐ Night ☐ Dusk ☐ Dawn		☐ Combat ☐ Non-Combat

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)*	b. Unit Address	c. Unit's Branch	5d. Army HQ's
		5b		

6. LOCATION OF ACCIDENT	a. Exact Location	b. Type Location	6c. Grid Coordinates/Lat-Long
	6a		

d. State/Country	e. ☐ Off Post ☐ On Post Name:	7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☐ No

8. MISSION	a. Briefly describe the mission.	b. METL Task? ☐ Yes ☐ No

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1	9					
	Materiel Failure/Malfunction Information *(Blks 9g-9l)*					
	g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
						☐ Yes ☐ No
#2	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
	Materiel Failure/Malfunction Information *(Blks 9g-9l)*					
	g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
						☐ Yes ☐ No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? *(Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*		STDS/PROCEDURES *(Not clear, Not practical)*			SUPPORT *(Short comings in type, capability, amount or condition of equip/supplies/services/facilities)*			
☐	Direct Supervision	☐	AR	☐	SOP	☐	Equip/Materiel Improperly Designed	☐	Inadequate Manufacture
☐	Unit Command Supervision	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐	Inadequate Maintenance
☐	Higher Command Supervision	☐	FM	☐	None Exists	☐	Inadequate Facilities/Services	☐	Other

b. Describe how the materiel failed/malfunctioned and explain why *(root cause)*.

10b

11a. NAME *(Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)*	12. SSN	13a. PERSONNEL CLASSIFICATION	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)*
11a		13a	

11b. HOME ADDRESS	13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE *(YYYYMMDD)*	14. MOS/JOB SERIES	15a. DUTY STATUS	15b. IF OFF DUTY *(If on leave/pass)*
		14	☐ On-duty ☐ Off-duty 15a	☐ Leave ☐ Pass Date from *(YYYYMMDD)* Date to *(YYYYMMDD)*

16. DOB *(YYYYMMDD)*	17. GENDER	18. PAY GRADE	19. FLIGHT STATUS
	17	18	☐ Yes ☐ No

DA FORM 285-AB, FEB 2009 PREVIOUS EDITION IS OBSOLETE. PAGE 1 of 3

APD PE v1.00

First Aid Injuries

20. MOST SEVERE INJURY *(See Instructions)*	a. Degree	Date of Death *(YYYYMMDD)*	b. Type	c. Body Part	d. Cause
21. LOST TIME	ACTIVITY				

20

a. Days Hospitalized

b. Days lost not Hospitalized

c. Days Restricted

d. Treated in ER ☐ Yes

21

22a. OSHA Log 300 Case No.

b. Name of Physician

c. Name and Address of Treatment Facility

23. ACTIVITY CODE *(If activity is parachuting, complete Blk 36)*

24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

24

25. PERSONAL PROTECTIVE EQUIPMENT	AVAILABLE?		USED?		N/A
25	Yes	No	Yes	No	
☐ a. Seat Belt	☐	☐	☐	☐	☐
☐ b. Restraint System	☐	☐	☐	☐	☐
☐ c. Goggles/glasses/visor	☐	☐	☐	☐	☐
☐ d. Gloves	☐	☐	☐	☐	☐
☐ e. Ear Plugs	☐	☐	☐	☐	☐
☐ f. IBA	☐	☐	☐	☐	☐
☐ g. Other *(Specify)*	☐	☐	☐	☐	☐
☐ h. Helmet	☐	☐	☐	☐	☐
DOT Approved (If Motorcycle) ? Yes ☐ No ☐					

26. ALCOHOL/DRUGS CAUSE/CONT

26

☐ Yes BAC % ____ ☐ No ☐ Unknown

28a. LICENSED TO OPERATE EQUIPMENT

☐ Yes ☐ No ☐ N/A

28c. MSF CERTIFIED

☐ Yes ☐ No If Yes, Date: ____

27. EQUIP THIS PERSON WAS ASSOCIATED WITH?
(Enter Item No. from Blk 9)

28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING

☐ Yes ☐ No If Yes, Date: ____

29. DUTY HOURS

a. Time work began (e.g., 0645): ____

b. Continuous hours: ____

30. HRS SLEEP LAST 24	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING
	☐ Yes ☐ No		

34. FIELD EXERCISE/NAMED OPERATION

☐ Yes ☐ No If Yes, provide name: ____

35. NIGHT VISION SYSTEM USED

☐ Yes ☐ No If Yes, provide type: ____

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? *In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.*

a. Mistake ☐ Yes ☐ No

b. Code

c. Tell what the mistake was and how it caused/contributed to the accident or serverity of injury/damage.

36c

37. WHY WAS THE MISTAKE MADE? *(ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	TRAINING *(Insufficient in Content/Amount*	STDS/PROCEDURES *(Not clear/Not practical)*				SUPPORT *(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)*				INDIVIDUAL *(Mistake due to own personal factors)*			
☐	Direct Supervision	☐	School	☐	AR	☐	SOP	☐	Equip/Materiel Improperly Designed	☐	Inadequate Manufacture	☐	Poor/Bad Attitude	☐	Fatigue
☐	Unit Command Supervision	☐	Unit	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐	Inadequate Maintenance	☐	Overconfident	☐	Alcohol, Drugs
☐	Higher Command Supervision	☐	Experience, OJT	☐	FM	☐	None exists	☐	Inadequate Facilities/Services	☐	Other	☐	In a Hurry	☐	Fear/Excitement

37b. Describe root cause(s) *(reason)* and tell how it/they caused the mistake.

37b

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at Jump Height / Drop Zone	m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS a. Present: #1 ☐ Yes ☐ No ☐ Unk; #2 ☐ Yes ☐ No ☐ Unk; #3 ☐ Yes ☐ No ☐ Unk
b. Jumper Weight		n. Number of Previous Jumps	
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*	
d. Parachute Type/Model	i. Position in Stick		b. Caused/Contributed: #1 ☐ Yes ☐ No ☐ Unk; #2 ☐ Yes ☐ No ☐ Unk; #3 ☐ Yes ☐ No ☐ Unk
e. Equipment	j. Door Exited	p. Type Aircraft	
	k. Time Pre-jump Conducted	q. Accident Factors (parachute): *(Explain as necessary)*	
f. Wt. of Equipment	l. Date of Last Jump		

40. PROVIDE BRIEF SYNOPSIS OF ACDT *(Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)*

40

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

41

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#				
b. Quantity				
c. Net Explosive Weight *(NEW)*				
d. DoDIC/DoDAC				

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name *(Last, First, MI)*, Rank Position/Title: 43

b. Telephone No. DSN: COM:

c. Email Address:

44. COMMAND REVIEW	a. Name: 44	b. Signature	c. Rank	d. Date *(YYYYMMDD)*
45. SAFTETY OFFICE REVIEW	a. Name, Rank & Title			b. Phone Number
c. Email Address	d. Date Reviewed *(YYYYMMDD)*		e. Local Report No. *(Safety Office use only)*	

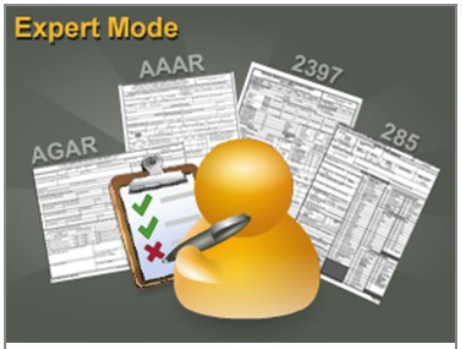
LIVE TRAINING

REPORT IT
ARMY ACCIDENT REPORTING SYSTEM

Military & Civilian

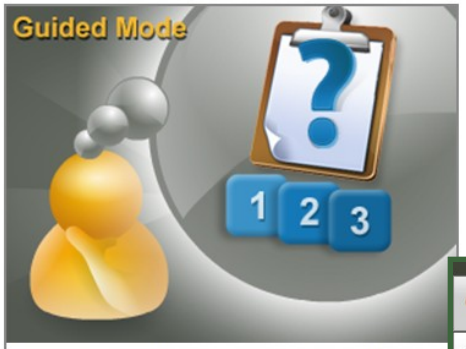
Expert Mode

Guided Mode & Worksheets



Best for the safety professionals or those familiar with the accident reporting process. You'll enter data straight into the appropriate fields without a lot of questions!

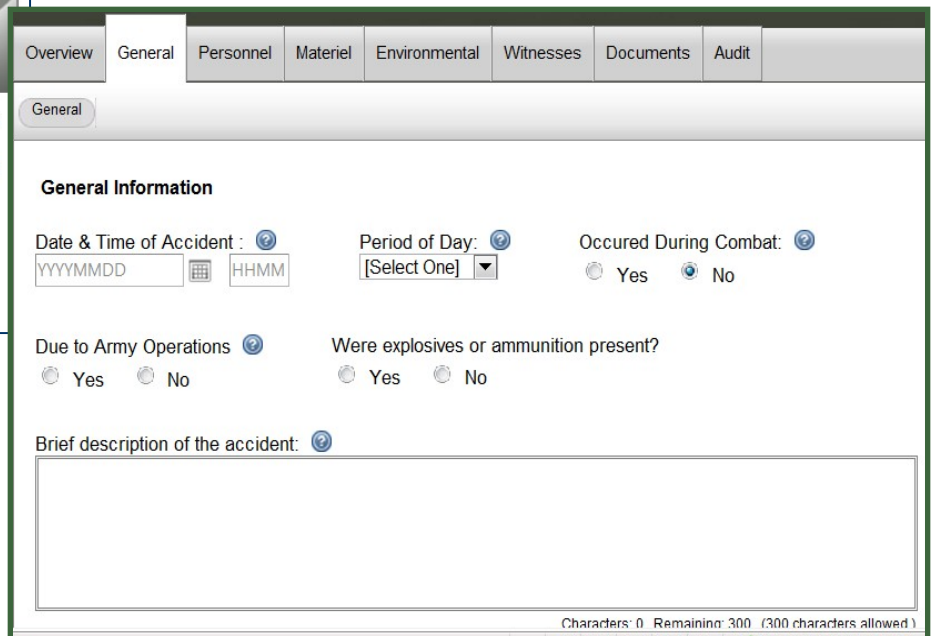
You can always switch to Guided Mode at any point during the reporting process.



Recommended if you are new to ReportIt or the accident reporting process. This mode offers more guidance and therefore more questions to lead you through your report.

You can switch to Expert Mode at any point during the reporting process.

Guided Accident Worksheets



Radio Buttons
Drop Down Lists
Narratives

Civilian Injury Reporting

- Fort Lee Form 1051, Record of Injury
  - Send employee to Occupational Health for assessment of injury and initial duty status; employee returns form to supervisor
  - Send copy to Installation Safety Office

- Fort Lee Form 385-3, Investigation of Injury/Illness form
  - Primary Care Physician's assessment and prescribed time off, light duty, or return to full duty
  - Determine any hazards as the cause and countermeasures
  - Send copy to Installation Safety Office

- Employee may or may not decide to file a Workers' Compensation claim. Fort Lee's workers' compensation specialist is Debbie Kidd, 765-4588, located in CPAC, Bldg 12400.

Continuation of Pay COP

- **3 years from DOI to file a claim (forms CA-1 or CA-2)**
  - **CA-1: injury happened on 1duty shift (entitled to COP)**
  - **CA-2: injury happened on 2 or more duty shifts (no COP)**
- COP availability (45 day entitlement) if CA-1 filed w/in 30 days of DOI
  - Doctors note unable for full or light duty
  - Allowed up to 4 hrs COP per appointment
  - Any part of a day taken is considered a full day's entitlement
- Timecard
  - Code day of injury as LU
  - Code number of hours COP as LT with injury number (MMDD)
  - Contact Ms. Kidd if injury happened during OT

EDI
Summary

- **“https” must appear in website address. Accessing data entry page is very slow.**
  https://cacdiucs.cpms.osd.mil/forms/frmservlet?config=SAFER_ALONE_PRO
- **SSN format: no hyphens or spaces**
- **White field = required field**
  Yellow field = optional
  Gray field = read-only
- **Phone number format: no hyphens, no brackets, no spaces**
- **Date format: MM/DD/YYYY (4-digit year). System often auto-fills with current date.**
- **Date with Time: put a space between date and time, and between time and am/pm.**
- **Do not use military time.**
- **System auto-selects YES/NO answers.**
- **Narrative fields only accept 3-4 lines of text. Some fields also limit the number of characters.**